

<b>CLAIMS ONLY</b>							<b>Application Number</b> 10/77680	<b>Filing Date</b>
<b>Applicant(s)</b>								
May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep.	3							
Total Depend.	17							
Total Claims	20							
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Filing Date

Applicant(s)

\* May be used for additional claims or amendments

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Total Depend	17					
Total Claims	20					